Case 18-11351-ABA Doc 18 Filed 05/15/18 Entered 05/15/18 11:54:59 Desc Main

|   |                  | 17(7(4)111117:111      | Faut I ULI |  |  |  |  |  |
|---|------------------|------------------------|------------|--|--|--|--|--|
| Fill in this information to identify your case: |                  |                        |            |  |  |  |  |  |
| Debtor 1  | Luciana DeCrosta | 1                      |            |  |  |  |  |  |
|   | First Name       | Middle Name            | Last Name  |  |  |  |  |  |
| Debtor 2  | Bernardine A. De | Crosta                 |            |  |  |  |  |  |
| (Spouse if, filing)                             | First Name       | Middle Name            | Last Name  |  |  |  |  |  |
| United States Bankruptcy Court for the:         |                  | DISTRICT OF NEW JERSEY |            |  |  |  |  |  |
| Case number                                     | 18-11351         |                        |            |  |  |  |  |  |
|   |                  |                        |            |  |  |  |  |  |

Check if this is an amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

| Pai        | t 1: Summarize Your Assets  |              |                               |
|------------|---|--------------|-------------------------------|
|            |   | Your a       | ssets<br>of what you own      |
| 1.         | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 149,000.00                    |
|            | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 9,918.00                      |
|            | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 158,918.00                    |
| Pai        | t 2: Summarize Your Liabilities   |              |                               |
|            |   |              | <b>abilities</b><br>t you owe |
| 2.         | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$           | 135,640.24                    |
| 3.         | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$           | 0.00                          |
|            | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 77,600.66                     |
|            | Your total liabilities  | \$           | 213,240.90                    |
| Pai        | t 3: Summarize Your Income and Expenses   |              |                               |
| 1.         | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 3,408.90                      |
| 5.         | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 2,882.69                      |
| Pai        | 4: Answer These Questions for Administrative and Statistical Records  |              |                               |
| 6.         | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | ır other scl | hedules.                      |
| <b>7</b> . | ■ Yes What kind of debt do you have?  |              |                               |
|            | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal   | , family, or                  |
|            |   |              | ubmit this form to            |

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Debtor 1 Luciana DeCrosta
Debtor 2 Bernardine A. DeCrosta

Case number (if known) 18-11351

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_1,558.57

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total clain | n    |
|--|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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| Fill                       | in this information to identify your ca   |   |   |   |
|----------------------------|---|---|---|---|
| Del                        | otor 1 Luciana DeC  | Crosta  |   | -   |
|                            | otor 2  Bernardine A  | A. DeCrosta   |   | -   |
| Uni                        | ted States Bankruptcy Court for the   | : DISTRICT OF NEW J   | JERSEY  | _   |
| Cas                        | se number 18-11351  |   |   | Check if this is:   |
| (If kr                     | nown)   |   | -   | An amended filing   |
|                            |   |   |   | A supplement showing postpetition chapter 13 income as of the following date:   |
| 0                          | fficial Form 106l   |   |   | MM / DD/ YYYY   |
|                            |   |   |   |   |
| Be a<br>sup<br>spo         | plying correct information. If you use. If you are separated and you  | sible. If two married pec<br>are married and not fili<br>r spouse is not filing w   | ng jointly, and your spouse is ith you, do not include inform   | 1 and Debtor 2), both are equally responsible for living with you, include information about your ation about your spouse. If more space is needed,   |
| Be a<br>sup<br>spo<br>atta | as complete and accurate as possiplying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment  | sible. If two married pec<br>are married and not fili<br>r spouse is not filing w   | ng jointly, and your spouse is ith you, do not include inform   | living with you, include information about your   |
| Be a<br>sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  **T1: Describe Employment information.   | sible. If two married pec<br>are married and not fili<br>r spouse is not filing w   | ng jointly, and your spouse is<br>ith you, do not include inform<br>ional pages, write your name a      | 1 and Debtor 2), both are equally responsible for living with you, include information about your ation about your spouse. If more space is needed, and case number (if known). Answer every question  Debtor 2 or non-filing spouse                        |
| Be a<br>sup<br>spo<br>atta | as complete and accurate as possiplying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment  | sible. If two married pec<br>are married and not fili<br>r spouse is not filing w   | ng jointly, and your spouse is ith you, do not include inform ional pages, write your name and Debtor 1 | 1 and Debtor 2), both are equally responsible for living with you, include information about your ation about your spouse. If more space is needed, and case number (if known). Answer every question   |
| Be a<br>sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you che a separate sheet to this form.  T1: Describe Employment information.  If you have more than one job, attach a separate page with  | sible. If two married pec<br>are married and not fili<br>ir spouse is not filing w<br>On the top of any additi                      | ng jointly, and your spouse is ith you, do not include informional pages, write your name a Debtor 1    | Tand Debtor 2), both are equally responsible for living with you, include information about your ation about your spouse. If more space is needed, and case number (if known). Answer every question  Debtor 2 or non-filing spouse  Employed               |
| Be a<br>sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  T1: Describe Employment information.  If you have more than one job, attach a separate page with information about additional  | sible. If two married peo<br>are married and not fili<br>ir spouse is not filing w<br>On the top of any additi                      | ng jointly, and your spouse is ith you, do not include informional pages, write your name a Debtor 1    | Tand Debtor 2), both are equally responsible for living with you, include information about your ation about your spouse. If more space is needed, and case number (if known). Answer every question  Debtor 2 or non-filing spouse  Employed  Not employed |
| Be a<br>sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you che a separate sheet to this form. It is a Describe Employment  Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or | sible. If two married ped<br>are married and not fili<br>ir spouse is not filing w<br>On the top of any additi<br>Employment status | ng jointly, and your spouse is ith you, do not include informional pages, write your name a Debtor 1    | Debtor 2 or non-filing spouse  Employed  Not employed  Server   |

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 Estimate and list monthly overtime pay.
 Calculate gross Income. Add line 2 + line 3.

| filing spouse |     | For Deptor 1 |     |    |
|---------------|-----|--------------|-----|----|
| 908.57        | \$  | 0.00         | \$  | 2. |
| 0.00          | +\$ | 0.00         | +\$ | 3. |
| 908.57        | \$  | 0.00         | \$  | 4. |

For Dobtor 1 For Dobtor 2 or

Official Form 106I Schedule I: Your Income page 1

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|     | tor 1<br>tor 2        | Luciana DeCrosta<br>Bernardine A. DeCrosta   | _                      | С  | ase num        | ber (if kno | wn)      | 18-113           | 351                 |                      |                 |
|-----|-----------------------|--|------------------------|----|----------------|-------------|----------|------------------|---------------------|----------------------|-----------------|
|     | Cop                   | y line 4 here  | 4.                     |    | For Del        |             | 00       |                  | ebtor 2<br>iling sp |                      |                 |
| _   | Liet                  |  |                        |    |                |             |          |                  |                     |                      | =               |
| 5.  |                       | all payroll deductions:  | <b>5</b> -             |    | <u></u>        | •           | ^^       | œ.               |                     |                      |                 |
|     | 5a.<br>5b.            | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans   | 5a.<br>5b.             |    | \$<br>\$       |             | 00<br>00 | \$               | 1                   | 60.67                | -               |
|     | 5c.                   | Voluntary contributions for retirement plans   | 5c.                    |    | ֆ<br>\$        |             | 00       | \$<br>           |                     | 0.00                 |                 |
|     | 5d.                   | Required repayments of retirement fund loans   | 5d.                    |    | Ψ<br>\$        |             | 00       | \$<br>—          |                     | 0.00                 | -               |
|     | 5e.                   | Insurance  | 5e.                    |    | \$             |             | 00       | \$               |                     | 0.00                 | -               |
|     | 5f.                   | Domestic support obligations   | 5f.                    |    | \$             |             | 00       | \$               |                     | 0.00                 |                 |
|     | 5g.                   | Union dues   | 5g.                    |    | \$             |             | 00       | \$               |                     | 0.00                 | -               |
|     | 5h.                   | Other deductions. Specify:   | 5h.                    | .+ | \$             | 0.          | 00       | + \$             |                     | 0.00                 | -               |
| 6.  | Add                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.                     | ;  | \$             | 0.          | 00       | \$               | 1                   | 60.67                | _               |
| 7.  | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                     | ;  | \$             | 0.          | 00       | \$               | 7                   | 47.90                | _               |
| 8.  | List<br>8a.           | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |                        |    | •              |             |          | •                |                     |                      |                 |
|     | O.L.                  | monthly net income.  | 8a.                    |    | \$<br>\$       |             | 00       | \$               | 9                   | 00.00                | -               |
|     | 8b.<br>8c.            | Interest and dividends Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8b.<br><b>t</b><br>8c. |    | Φ<br>\$        |             | 00       | \$<br>\$         |                     | 0.00                 | -               |
|     | 8d.                   | Unemployment compensation  | 8d.                    |    | \$             |             | 00       | \$               |                     | 0.00                 | -               |
|     | 8e.                   | Social Security  | 8e.                    |    | \$             | 1,234.      |          | \$               | 5                   | 27.00                | -               |
|     | 8f.<br>8g.<br>8h.     | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | e 8f.<br>8g.<br>8h.    |    | \$<br>\$<br>\$ | 0.          | 00 00 00 | \$<br>\$<br>+ \$ |                     | 0.00<br>0.00<br>0.00 | -               |
|     |                       | · · · · · · · · · · · · · · · · · · ·  | _                      |    | <u> </u>       |             |          |                  |                     | 0.00                 | T               |
| 9.  | Add                   | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                     | \$ |                | 1,234.      | 00       | \$               | 1,                  | ,427.00              | 0               |
| 10  | Calc                  | culate monthly income. Add line 7 + line 9.  | 10.                    | \$ | 1 2            | 34.00       | \$       | 2 17             | 4.90                | - \$                 | 3,408.90        |
| 10. |                       | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.                    | Ψ_ | 1,2            | 34.00       | `_       | 2,17             | 7.30                |                      | 3,400.30        |
| 11. | Inclu<br>othe<br>Do r | te all other regular contributions to the expenses that you list in Schedul adde contributions from an unmarried partner, members of your household, you are friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:  | r depe                 |    |                |             |          |                  | hedule<br>11.       |                      | 0.00            |
| 12. |                       | I the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certailies   |                        |    |                |             |          |                  | 12.                 | \$                   | 3,408.90        |
| 13. | Do y                  | you expect an increase or decrease within the year after you file this form<br>No.   | n?                     |    |                |             |          |                  |                     | Combir<br>monthly    | ned<br>y income |
|     | П                     | Yes, Explain:  |                        |    |                |             |          |                  |                     |                      |                 |

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|            |  |   |  |  |  | 1                |                   |                               |
|------------|--|---|--|--|--|------------------|-------------------|-------------------------------|
| Fill       | in this informa                                | ation to identify yo                                  | our case:                              |  |  |                  |                   |                               |
| Deb        | otor 1   | Luciana DeC   | Crosta                                 |  |  | Che              | ck if this is:    |                               |
|            |  |   |  |  |  |                  | An amended filing |                               |
|            | otor 2   | Bernardine /  | A. DeCro                               | sta  |  |                  |                   | wing postpetition chapter     |
| (Spo       | ouse, if filing)                               |   |  |  |  |                  | 13 expenses as of | the following date:           |
| Unit       | ed States Bank                                 | ruptcy Court for the                                  | : DISTRI                               | CT OF NEW JERSEY   |  | -                | MM / DD / YYYY    |                               |
|            | nown)  | 8-11351   |  |  |  |                  |                   |                               |
| $\Box$     | fficial Fo                                     | orm 106J  |  |  |  |                  |                   |                               |
|            |  |   |  |  |  |                  |                   |                               |
| Be<br>info | as complete<br>ormation. If m<br>mber (if know |   | s possible<br>eded, atta<br>ry questio | . If two married people ar<br>ich another sheet to this                    |  |                  |                   |                               |
| 1.         | Is this a join                                 |   | mora                                   |  |  |                  |                   |                               |
|            | ☐ No. Go to                                    | o line 2.   |  |  |  |                  |                   |                               |
|            | Yes. Doe                                       | es Debtor 2 live                                      | in a separ                             | ate household?   |  |                  |                   |                               |
|            | ■ N  |   |  |  |  |                  |                   |                               |
|            |  |   | st file Offici                         | al Form 106J-2, Expenses   | for Separate House                       | ehold of Deb     | tor 2.            |                               |
| 2.         | Do you hav                                     | e dependents?   | ■ No                                   |  |  |                  |                   |                               |
|            | Do not list D<br>Debtor 2.                     | ebtor 1 and   | ☐ Yes.                                 | Fill out this information for each dependent                               | Dependent's relati<br>Debtor 1 or Debtor |                  | Dependent's age   | Does dependent live with you? |
|            | Do not state                                   | the   |  |  |  |                  |                   | □ No                          |
|            | dependents                                     |   |  |  |  |                  |                   | ☐ Yes                         |
|            |  |   |  |  |  |                  |                   | □ No                          |
|            |  |   |  |  |  |                  |                   | ☐ Yes                         |
|            |  |   |  |  |  |                  |                   | □ No                          |
|            |  |   |  |  |  |                  |                   | ☐ Yes                         |
|            |  |   |  |  |  |                  |                   | □ No                          |
| _          | Da   |   |  |  |  |                  |                   | ☐ Yes                         |
| 3.         | expenses of                                    | penses include<br>of people other t<br>d your depende | han ┌                                  | No<br>Yes  |  |                  |                   |                               |
| exp        | imate your e                                   | a date after the                                      | our bankr                              | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |                  |                   |                               |
| the        |  | h assistance an                                       |  | government assistance i<br>cluded it on <i>Schedule I:</i> )               |  |                  | Your exp          | enses                         |
| 4.         |  | or home owners  |  | ses for your residence. I  | nclude first mortgage                    | e<br>4. \$       | S                 | 903.69                        |
|            | If not include                                 | ded in line 4:  |  |  |  |                  |                   |                               |
|            | 4a Pool  | estate taxes  |  |  |  | 40 0             | :                 | 0.00                          |
|            |  | estate taxes<br>erty, homeowner's                     | s. or renter                           | 's insurance   |  | 4a. \$<br>4b. \$ |                   | 0.00<br>0.00                  |
|            | •  | •   |  | pkeep expenses   |  | 4c. \$           |                   | 0.00                          |
|            |  | owner's associat                                      |  |  |  | 4d. \$           |                   | 0.00                          |
| 5.         | Additional                                     | mortgage payme  | ents for yo                            | our residence, such as ho  | me equity loans                          | 5. \$            | 3                 | 0.00                          |

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|                          | uciana DeCrosta  | 0 (                 | 18       | 3-11351               |
|--------------------------|--|---------------------|----------|-----------------------|
| Debtor 2 Be              | ernardine A. DeCrosta  | Case number (i      | r known) | -11331                |
| . Utilities:             |  |                     |          |                       |
| 6a. Ele                  | ectricity, heat, natural gas   | 6a. \$              |          | 280.00                |
| 6b. W                    | ater, sewer, garbage collection  | 6b. \$ <sup>-</sup> |          | 60.00                 |
| 6c. Te                   | elephone, cell phone, Internet, satellite, and cable services  | 6c. \$              |          | 180.00                |
| 6d. Ot                   | ther. Specify:   | 6d. \$              |          | 0.00                  |
| Food an                  | d housekeeping supplies  | 7. \$               |          | 400.00                |
| Childcar                 | re and children's education costs  | 8. \$               |          | 0.00                  |
| Clothing                 | g, laundry, and dry cleaning   | 9. \$               |          | 100.00                |
| . Persona                | Il care products and services  | 10. \$              |          | 100.00                |
| . Medical                | and dental expenses  | 11. \$              |          | 40.00                 |
|                          | ortation. Include gas, maintenance, bus or train fare. Include car payments.   | 12. \$              |          | 200.00                |
|                          | nment, clubs, recreation, newspapers, magazines, and books   | 13. \$              |          | 100.00                |
|                          | ole contributions and religious donations  | 14. \$              |          | 30.00                 |
| i. Insuran               | <u> </u>   | ιπ. ψ               |          | 30.00                 |
|                          | nclude insurance deducted from your pay or included in lines 4 or 20.  |                     |          |                       |
|                          | 'e insurance   | 15a. \$             |          | 0.00                  |
|                          | ealth insurance  | 15b. \$             |          | 0.00                  |
| 15c. Ve                  | ehicle insurance   | 15c. \$             |          | 189.00                |
| 15d. Ot                  | ther insurance. Specify:   | 15d. \$             |          | 0.00                  |
|                          | Do not include taxes deducted from your pay or included in lines 4 or 20.  | · · -               |          |                       |
| Specify:                 |  | 16. \$              |          | 0.00                  |
|                          | ent or lease payments:<br>ar payments for Vehicle 1  | 17a. \$             |          | 300.00                |
|                          | ar payments for Vehicle 2  | 17b. \$             |          | 0.00                  |
|                          | ther. Specify:   | 17c. \$             |          | 0.00                  |
|                          | ther. Specify:   | 176. \$ -           |          | 0.00                  |
|                          | yments of alimony, maintenance, and support that you did not repor   |                     |          | 0.00                  |
|                          | d from your pay on line 5, Schedule I, Your Income (Official Form 10   |                     |          | 0.00                  |
|                          | ayments you make to support others who do not live with you.   | \$                  |          | 0.00                  |
| Specify:                 |  | 19.                 |          |                       |
| . Other re               | al property expenses not included in lines 4 or 5 of this form or on 5   | Schedule I: Your II | псоте.   |                       |
| 20a. Mo                  | ortgages on other property   | 20a. \$             |          | 0.00                  |
| 20b. Re                  | eal estate taxes   | 20b. \$             |          | 0.00                  |
| 20c. Pr                  | operty, homeowner's, or renter's insurance   | 20c. \$             |          | 0.00                  |
| 20d. Ma                  | aintenance, repair, and upkeep expenses  | 20d. \$             |          | 0.00                  |
| 20e. Ho                  | omeowner's association or condominium dues   | 20e. \$             |          | 0.00                  |
| . Other: S               | Specify:   | 21. +\$             |          | 0.00                  |
|                          | e your monthly expenses  |                     |          |                       |
|                          | I lines 4 through 21.  | \$                  |          | 2,882.69              |
| 22b. Cop                 | by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J  | -2   \$             |          |                       |
| 22c. Add                 | l line 22a and 22b. The result is your monthly expenses.   | \$                  |          | 2,882.69              |
| 3. Calculat              | e your monthly net income.   |                     |          |                       |
|                          | ppy line 12 (your combined monthly income) from Schedule I.  | 23a. \$             |          | 3,408.90              |
| 23b. Co                  | opy your monthly expenses from line 22c above.   | 23b\$               |          | 2,882.69              |
| 23c. St                  | ubtract your monthly expenses from your monthly income.  |                     |          |                       |
|                          | ne result is your monthly net income.  | 23c. \$             |          | 526.21                |
| For example modification | expect an increase or decrease in your expenses within the year after ple, do you expect to finish paying for your car loan within the year or do you expect on to the terms of your mortgage? |                     |          | or decrease because c |
| ■ No.                    |  |                     |          |                       |
| ☐ Yes.                   | Explain here:  |                     |          |                       |

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## **United States Bankruptcy Court District of New Jersey**

| In re | Luciana DeCrosta<br>Bernardine A. DeCrosta |           | Case No. | 18-11351 |  |
|-------|--|-----------|----------|----------|--|
|       |  | Debtor(s) | Chapter  | 13       |  |

## AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing document(s), consisting of <u>6</u> page(s), and that they are true and correct to the best of my knowledge, information, and belief.

| Date | May 15, 2018 | Signature | /s/ Luciana DeCrosta<br>Luciana DeCrosta |  |
|------|--------------|-----------|--|--|
|      |              |           | Debtor                                   |  |
| Date | May 15, 2018 | Signature | /s/ Bernardine A. DeCrosta               |  |
|      |              | -         | Bernardine A. DeCrosta                   |  |
|      |              |           | Joint Debtor                             |  |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.